

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 191868379
APPLICANT(S)
FILING DATE

9/18/06

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
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7				
8		1		
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TOTAL IND.		6		
TOTAL DEP.		8		
TOTAL CLAIMS		14		

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			